## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000051286

FILED Jan 19, 2009 Secretary of State

Entity Nar	ne: R. LAMOÌ	NS TRUCKING, INC.				
Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	33 NORTH ND, FL 34736			19044 S/R 33 NORTH GROVELAND, FL 34736		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
P.O. BOX 4 MASCOTT	411 E, FL 34753		P.O. BOX CLERMON	120446 NT, FL 34712		
FEI Number:	03-0440439	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status D	esired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
19044 C/Ŕ	RANDALL D 33 NORTH ND, FL 34736	US				
The above in the State		submits this statement for the	purpose of changing i	its registered of	fice or registered ag	ent, or both,
SIGNATUR						
	Electron	ic Signature of Registered Ag	gent		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () LAMONS, RANE PO BOX 411 MASCOTTE, FL		Title: Name: Address: City-St-Zip:	D (X) LAMONS, RAND PO BOX 120446 CLERMONT, FL	3	

Title: (X) Delete

LAMONS, ANGELA D Name: Address: PO BOX 411 MASCOTTE, FL 34753 City-St-Zip:

Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL D. LAMONS D 01/19/2009